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ABSTRACT

The experiences of pregnancy and the early months of motherhood in two samples of post baby-boom cohorts: American and Swedish women born between 1947-1952 were contrasted. Specific aims were to: (1) contrast the experience of pregnancy and the early months of motherhood; (2) explore the idea that the radicalization of both cultures in the late 1960's, particularly the women's movement, was in some way connected to the incidence of delayed parenthood; and (3) derive culturally salient and meaningful variables that impact on the psychological well-being of women in transition to motherhood. Expectant mothers were solicited by their midwives if they were healthy; had a normal, uncomplicated pregnancy; a single birth; and no previous pregnancy past the first trimester. Women were interviewed once in the last months of pregnancy and again 2 to 6 months after their babies were born. Semi-structured interviews were supplemented with a battery of precoded questionnaires and a standardized psychological inventory, The Karolinska Scales of Personality. Findings revealed that women in the two samples differed in reasons for planning the pregnancy, the experience of pregnancy, and the rituals surrounding the transition to motherhood. American women used amniocentesis during pregnancy and had considerably more physical and psychological symptoms, during the entire pregnancy, than did the Swedish women. (Author/RH)

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RADICAL TIMING? A SOCIOCULTURAL COMPARISON OF MATURE MOTHERS IN AMERICA AND SWEDEN.

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Poster presentation for the 1989 Biennial Meeting of the Society for Research in Child Develpment, April 27 - April 30, 1989 in Kansas City, Missouri.

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Recent demographic studies suggest that education is the most likely variable which impacts on the age of transition to motherhood, while current medical and psychosocial literature shows a world-wide increase in women timing the birth of their first child after age 35. This phenomenon of mature motherhood - or as it was earlier known "the older primipara" - is the focus of this comparative study. Its aim was to contrast the experiences of pregnancy and the early months of motherhood in two samples of post baby-boom cohorts; American and Swedish women born between 1947-1952. Expectant mothers (16 in the American sammple and 21 in the Swedish) were solicited by their midwives if they were healthy; had a normal, uncomplicated pregnancy; a single birth and no previous pregnancy past the first trimester.

Women were interviewed once in the last months of pregnancy and again 2-6 months after their babies were born. The semi-structured interviews were complimented with a battery of precoded questionnaires and a standardized psycological inventory, THE KAROLINSKA SCALES OF PERSONALITY.

Sociocultural findings of the study will be presented in this poster, focusing on similarities and differences between the cultures in respect to the psychological profiles of sample women.

RADICAL TIMING? A SOCIOCULTURAL COMPARISON OF MATURE MOTHERS IN AMERICA AND SWEDEN.

Recent demographic studies suggest that education is the most likely variable which impacts on the age of transition to motherhood, (Bloom, 1984) while current medical and psychosocial literature shows a world-wide increase in women timing the birth of their first child after age 35. This phenomenon of mature motherhood - or as it was earlier known "the older primipara" - is the focus of this comparative study. Its aims were:

- To contrast the experience of pregnancy and the early months of motherhood in two samples of post baby-boom cohorts; American and Swedish women born 1947-1952;
- To explore the idea that the "radicalization" of both cultures in the late 1960's , particularly the women's movement, was in some way connected with the incidence of postponed parenthood;
- To derive culturally salient and meaningful variables which impact on the psychological well-being of women in transition to motherhood.

This group of women was of interest due to the radicalization of both societies at the end of the sixties, and revolutionary advances in birth technologies, such as the introduction of birth control pills and availability of safe abortion. Additionally, vast numbers of women obtained advanced degrees, making both Swedish and American women of this cohort in comparable positions of status.

METHODS AND SAMPLE:

The methods were of a qualitative and quantitative nature, which provided a balance and check-sytem for the data collected. There were two assessments periods, the prenatal, and the postnatal. During the last trimester of pregnancy women were interviewed with a semi-structured interview instrument about their experience of pregnancy, and the social-cultural meaning of becoming a mother for the first time. The interviews were complimented with a battery of pre-coded questionnaires administered in a previous Swedish study (Welles, 1982). These included expectant mother; and household routines. The questionnaires were left with each woman and later mailed to me.

Approximately 2-6 months after the birth of the child a second semi-structured interview was completed which focused on the affective adjustment of the woman to her new responsibility of being a mother, as well as to her description of the birth. Again, a packet of questionnaires was left to be mailed in (new mother; household routines; baby-care routines;and new father). In addition, a standardized psychological inventory, THE KAROLINSKA SCALES OF PERSONALITY (Schalling, 1987) was administered to compare the habits, opinions, ways of reaction, and feelings of the two samples.

Analyses were conducted appropriate to the data. The qualitative data are still undergoing consideration and will be completed in the near future. The focus of that material is the compliation of individual life history profiles for the new mothers.

The quantitative data were compared by cultural group and Fisher's exact test of significance computed for each varaible. Data from the pre-coded questionnaires will be presented in this paper/poster.

Approximately 20 women were solicited by their midwives in Boston and Stockholm if they met the following criteria:

- age, 34-41 years
- healthy
- normal, uncomplicated pregnancy
- single birth
- no previous pregnancy past first trimester
- no fertility problems, which for this study meant being able to conceive within 24 months.

However, due to complications the final sample was somewhat smaller. The American sample was 15 women (one woman gave birth to a stillborn baby at 40 weeks gestation); the Swedish sample included 16 women (three had fertility problems; one woman had had a previous late miscarriage, and another did not return her questionnaire material).

RESULTS:

When the demographic material is compared there are several significant differences between the groups. The American mothers are somewhat older than are the Swedish mothers, and are married to men who also are older. The American fathers are more likely to have had children in a previous marriage. Of those men who have had children previously, they are also more likely to share parental responsibilities for them. This group of older first-time American mothers has chosen men who have already experienced fatherhood. In the Swedish group, the fathers are more likely to be first-time parents as are the women.

One striking difference between the cultures is the institution of marriage, which is still strong in the States, but of little consequence in Sweden. In fact, the norm in Sweden is that first-time parents are not married when their offspring arrive (Welles-Nyström, 1988). Children's inheritance rights are protected by law in Sweden, so that marriage is no longer necessary. Most couples live together when they start their families, and many will marry each other later. Divorce statistics are similar to those in the USA. (See Table 1).

TABLE 1: DEMOGRAPHIC VARIABLES

	AMERICAN	SWEDISH
TOTAL	15	16
MEDIAN AGE	37 years	35.5 years
MARITAL STATUS:		
married	15	3 *
living together	0	12
single	0	1
HUSBAND'S AGE:		
> 40 years	6	1 *
< 40 years	9	15
HUSBAND'S FIRST CHILD:	8	12
SES:		

difficult to compare across culture, but American sample was generally better educated and had better economic resources than did the Swedish sample.

(* p <.05))

Concerning the biomedical variables there were few differences between the groups of mothers. The most striking, and perhaps most important is the incidence of amnioscentisis during pregnancy. There are considerable differences between cultures in respect to who has access to the procedure. In the United States, the woman and her physician or midwife decide whether to have an amnio performed, and contact the appropriate institutions to have the procedure, while in Sweden there are stricter quidelines. Generally, (unless there is evidence of genetic aberations, or if a woman has given birth to a special child previously), the procedure is reserved for women over the age of 37 years.

Concerning delivery, there was an important difference between samples in the incidence of instrumental delivery. Swedish women had a rather high level of vacuum extraction while no American mother was delivered in that manner, (or with forceps). Neither group had frequent cesarian sections, and about half of all deliveries were normal with no complications. Infant sex was less balanced in the Swedish group, but both groups of infants were normal in weight and length. (See Table 2).

TABLE 2: BIO-MEDICAL VARIABLES:

	AMERICAN (15)	SWEDISH (16)
PREVIOUS MISCARRIAGE:	2	2
PREVIOUS ABORTION:	5	5
CIGARETTE SMOKING:	0	4
ALCOHOL CONSUMTION:	5	8
ULTRA-SOUND:	13	14
X-RAY:	2	4
AMNIOSCENTISIS:	12	1 *
DELIVERY:		
normal: (w/o complications)	7	8
c-section:	1	1
vacuum-extraction:	0	7 *
BABY'S SEX:		
boy	8	6
girl	7	10
BABY'S WEIGHT: average weight:	2300-4272g (3510g)	2100-4000g (3436g)

(* p <.05)

Some of the cultural differences which were most significant in respect to how the culture organized the routines and rituals around childbirth are reported in Table 3. These differences will not be discussed at length, but rather are presented to give the reader an indication of where future research might focus. Although both groups used midwifery services during their pregnancy, it is a norm in Sweden, and has been the traditional method of birth for centuries. In Boston, women who use midwives tend to be either well-educated, white, middle-class and probably with some feminist ideology behind their decision, or else ethnic, low-income women with little education.

TABLE 3: RESULTS/CULTURAL DIFFERENCES:

	AMERICAN	SWEDISH
IMPACT OF MIDWIFE DELIVERY:	unusual;dependant social class, ethnicity	usual; a norm
IMPACT OF WOMEN'S MOVEMENT:	strong relationship	weak relationship
PHYSICAL SYMPTOMS DURING PREGANANCY:	high level	low level
PSYCHOLOGICAL SMPTOMS DURING PREGNANCY: worry; anxiety	fairly high levels	low levels
ATTITUDE TOWARDS BODY CHANGES:	somewhat negative	positive

The Boston women were generally verbal about their alliance with or participation in the "women's movement" while the Swedish women were less so. During pregnancy the American women had signficantly higher levels of both physical and psychological symptoms, (see Figures 1 and 2) and experienced more negatively the changes in their bodies.

Regarding the physical symptoms during the three trimesters of pregnancy, the American women had significantly more symptoms during the last two trimesters than did the Swedish women. (In order to graphically represent this phenomenon, data was collapsed into categories of high symptomology, if there were 2 or more reported symptoms, and low, if the were only 1 or no symptoms). Thus, in first trimester, the relationship was not significant, ($p < .096$), but in the second and third trimester very much so ($p < .001$; $p < .023$).

Of the psychological symptoms which were considered in this instrument (worried, depressed, anxious, uninterested, "other") only worried and anxious showed a cultural difference. The American women were signficantly more worried during the first and last trimesters ($p < .023$; $p < .072$; $p < .007$) and were significantly more anxious during the first and second trimesters ($p < .002$; $p < .002$; $p < .072$).

DISCUSSION:

One of the research hypothesis for this research was that although both the American and Swedish society represented western technological societies, that the phenomenon of "mature mothers" would be independant for each culture. That is to say, that there would be a culture-specific pattern for each sample of women when considering reasons for planning the pregnancy at that time, the experience of pregnancy and the rituals surrounding the transition to motherhood. This research, although by no means conclusive, does support that hypothesis.

One of the most interesting results of the research was the impact of nursing care during pregnancy and childbirth. In my original research (Welles, 1982) the Swedish mothers who participated in my study on "Swedish Transition to Motherhood" received not only pre- and post-natal care from midwives, which is the way maternal and infant care is organized in Sweden, but they were all delivered by midwives. As this particularl type of care was of interest to me at the nursing school, I therefore chose to select a sample of American women who received this kind of ante-natal, delivery and post-natal care. However, what I did not completely appreciate was the sample of Boston women who use midwives. In Sweden every woman uses a midwife...it is the norm. In Boston, only a select group of women use midwives. Hence, there was a bias in the American cohort for feminist ideology in this age group. It is not to say that certain Swedish women did not espouse feminist ideas, but it was not a prevalent theme as it was for the American sample.

Other variables that differed significantly were that the American woman and their husbands had more years of education, higher incomes and a higher living standard. The husbands of the American woman were often second or third-time fathers who were older than their wives. The Swedish sample of women chose men who were about the same age, and who were unexperienced parents.

The American woman also used amnioscentisis during pregnancy, and had considerably more physical and psychological symptoms during the entire pregnancy, than did the Swedish women. There is some evidence (Katz Rothman, 1987) that this medical procedure may affect the woman's emotional experience of pregnancy, and it is possible that this even relates to the American women's reporting higher levels of symptoms. This research can not support that hypothesis, but rather would ask the question.

In regard to the higher levels of symptoms, I would like to report that not only did the American women check the symptoms that were available to them on the printed questionnaire, but that they took the time to write in their extra symptoms. The American women generally wrote alot on the questionnaire, while the Swedish women just filled it in with the appropriate choices. It is possible that the instruments, which had been used in the original study of 1982 in Sweden was better suited for a Swedish population, and therefore the American woman completed the instrument to suit their culture. That, however, is another question for future research.

I believe that cross-cultural studies of this nature, which explore a particular cohort at a particular period in time contribute to the evolution of relevant research questions for the future. It will be most fascinating to see if the phenomenon of older mothers continues to exist, or whether it is a culturally dependent historical episode of limited scope. Regardless, it is a moment in time where we can investigate the impact of certain social movements on human behavior.

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